7. B. No. 1.

PHYSICIANS should of OCCUPATION 18 RECORD PERMANENT Exact UNFADING that It me 20 5 WITH terms, on back uo PLAINLY, plain See instructions 2 x DEAT Item OF mportant M Every M

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 294 ML banul It death occurred in St.; Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SSINGLE, Single 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw here alive on .... (Day) (Year) It LESS than 7 AGE 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... nin. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ..... yrs. .... mos. .... State Where was disease contracted. OF MY KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberoulosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart fallure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head Injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman senticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowin ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

F. S. No. 1.

N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or Gity Trappy (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 21.7  [if death occurred in a hospital er institution, give its NAME instead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS .	MEDICAL CERTIFICATE OF DEATH
Malu Calond Saingle, Married Wisower, Warried On Divorced (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  AW, 5, 1859  (Month) (Day) (Year)	that I reat saw here silve on Feb. 19th 4, 1914
7 AGE   It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 70, m, The CAUSE OF DEATH* was as follows:
(a) Trade, prefession, er farm Laborer  (b) General nature of industry, business, or establishment in which employed (er empleyer)	(Ouration) / yrs 6 mos ds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Peration) yrs mos 4s.
10 NAME OF HEURY Chase	(Signed) William & Segmon, M. D.
OFFATHER (State or country) Manyland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Manyaud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ef death yrs, mes, ds. State yrs, mes, ds. Where was disease centracted.
(Informant) The Live Camping	If not at piace at death?————————————————————————————————————
18 Filed Sedr. 25t, 1914, North REGISTRAN	DATE OF BURIAL OR REMOVAL  JOHN TO THE STATE OF BURIAL  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutles of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred la Ward) a hospital or institution. give its NAME Inslead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH " MARRIED. WIDOWED, Marreed (Month) (Write the word) (Dav (Year) 17 I HEREBY CERTIFY. That I attended decease (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated shove, at 1 day .....hrs. The CAUSE OF DEATH \* was as follows: mos ds. OR ..... 7 6 OCCUPATION (a) Trade, protession, or particular kind of work. & (b) General nature of Industry. business, or establishment in which amployed (or amployer) ..... 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER 11 BIRTHPLACE , 191 ..... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. ... State \_\_\_\_ yrs, \_\_ Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence. DATE OF BURIAL 15 FO UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should state of OCCUPATION IS very RECORD AGE should be stated EXACTLY. properly classified. Exact statement should be AGE carefully supplied. that it may be DEATH in plain terms, so WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s.

See instructions on back of certificate.

Important.

N. B.-

V. S. No. 1.

1943

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registra	ation	Dist.	No. 29	~
7			fif death	

rred la a hospital or institution, give its NAME instead of street and number.]

ADDRESS

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	Male While Single,  Widowed,  Or Or Or Or RACE  Single,  MARRIED,  Widowed,  Or Olyopreb  (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
DA	MATE OF BIRTH  Left 24, 1980  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I sttended deceased from  12 191 4 to 19, 191 4  that I last saw h 12 alive on 19 191 4
AG		and that death occurred on the date stated above, at 3 9 m The CAUSE OF DEATH* was as follows:
(a) par (b)	CCUPATION OTrade, profession, or clicular kind of work General nature of Industry, lness, or establishment in	Sail Interest one of Lung
which	RTHPLACE (State or country) Hons Sulf & M.	Contributory Secondary  (Ouration) yrs Commos ds  (Ouration) yrs mos ds
AKENIS	10 NAME OF FATHER Show It. Connece.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country)  ME ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, / If not at place of death?
(	(Address) Octora more.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1914 BUREAU. V.S.

#### RECORD PERMANENT INK-THIS UNFADING WITH PLAINLY. WRITE

state Very CCUPATION IS PHYSICIANS 0 properly be Iddns may certificate. 9 jo back terms. uo plain Instructions Information = DEATH 0 9 mportant. Every It 0

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred to ---Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. 1915 WIDOWED. ORDIVORCED (Write the word) market (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ., 191 ..... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or country) ic the \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or (Informant) osual residence CE OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 15 UNSERTAKER ADDRESS REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should state of OCCUPATION IS very RECORD PERMANENT classified. UNFADING INK-THIS AGE See Instructions of information CAUSE OF Important. S

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STATE OF MARYLAND CERTIFICATE OF DEATH

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Vii	11age or City Man Srepfie (No. , )	mas David.	[If death occurred In a hospital or lostitution give Its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 8	male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH Setrugue (Month)	(Day (Year)
6 D	ATE OF BIRTH  Sec 1st 1845  (Month) (Day (Year)	that I last saw hadden alive on Fed.	15-4 1914
	7.1 yrs. 2 mos. 16 ds. OR min.?	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	
(a pa (b) bus wh	OCCUPATION  ) Trade, profession, or  riticular kind of work  ) General nature of industry,  siness, or establishment in  lich employed (or employer)  IRTHPLACE  (State or country)  Talket 60 Md	Contributory Assaurahage Secondary	2 yrs mos \
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  Tachri 60  Sud	(Signed)	r, in deaths from Violes and (2) whether Accide
	(Address)  (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	Where was disease contracted, If not at place of death?  Former or usuai residence.  19 PLACE OF BURIAL OR REMOVAL  Easton _ Rud	DATE OF BURJAL
FI	100 Let 18 191 4 Josep agon 20,	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

FOOL REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foremau," The (6)

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PHYSICIANS should RECORD PERMANENT classified. should properly pe UNFADING may certificate. 80 Jo WITH back terms, plain Instructions = DEATH See 6 OF Important. Every It

#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... Ilt death occurred in -Ward) a hospital or justitution. give its NAME lestead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Day (Year) attended deceased from DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the data stated above 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? mos. 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, 13 BIRTHPLACE OF MOTHER (State or country)

l	OR RECENT RESIDENTS)	The state of the s
	At place of death yrs mos ds.	In the State yrs mos do

It not at place of death?

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DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should state of OCCURATION is very

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PARENTS

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DEATH in plain terms, See instructions on back

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN . NAME OF MOTHER

(Address)

(b) General nature of Industry, business, or establishment in

which employed (or employer)

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#### 1 PLACE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO. ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day 7 AGE

(Year

If LESS t

1 day......

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in

	a hospital or lostitution give its NAME lostea of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH	7
(Month)	(Day (Year)
17 I HEREBY CERTIFY, That I e  The first saw her elive on Fel-	
and that death occurred on the date stated el The CAUSE OF DEATH* was as follows:	110
(Ruestian)	yrs mos 2_/
Gontributory Secondary	- J   2 4-00000000000000000000000000000000000
Contributory	yrs mos
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Contributory Secondary  (Signed)  (S	deaths from Violes (2) whether Accide stitutions, Transient
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PERSONAL AND STATISTICAL PARTICULARS

13 BIRTHPLACE OF MOTHER (State or country)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, Irrespective of agc. been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

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V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every item of information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be in important. See instructions on back of certificate.

County Ja	OF DEATH	1
	Trap	
	L NAME	
3 SEX	4 COLOR OR RACE	6 s
Fem.	White	()
6 DATE OF BIRTH	N	)
7 AGE	(Modelly)	
	70 yrs	105
8 OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of	Industry	Co

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 392

Vil	lage or City Napaku (No,	St.; Ward) [If death occurred in a hospital or institution,
	FULL NAME Martha Grun	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Few. While Single, widowed Opinoproce (Write the word)	(Month) (Day (Year)
6 p	ATE OF BIRTH  (Month) (Day (Year)	that I last saw here alive on of the 1 last saw here alive on
7 A		and that death occurred on the date stated above, at 10 0, m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus	OCCUPATION ) Trade, profession, or sumate County Ofonts rticular kind of work ) General nature of Industry, liness, or establishment in lch employed (or employer)	Organic heart disease (Ouration) Vyrs mos ds.
	IRTHPLACE (State or country)  Navyland  IO NAME OF FATHER  MANUEL OF FATHER	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Milliam S. Alyman, un
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
/d	13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deeth yrs, mos ds.
	(Informant) S. Blauw Supt	Where was disease contracted, If not at place of death?  Former or usual residence. Talky Leo.
15 Fil	ed Feb. 201 1914 Joseph a Registrar	19 PLACE OF BURIAL OR REMOVAL  Toraphe md, Jet 20, 1914  20 UNDERTAKER  MALLINE E MOUNTAGES  DATE OF BURIAL  ADDRESS  DATE OF BURIAL  20 UNDERTAKER  DATE OF BURIAL  DATE OF B
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	m of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is vice instructions on back of certificate.
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STATE OF MARYLAND 2 5 CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in Ward) a hospital or lostitution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO. WIDOWED. (Month) Write the word (Day (Year) I HEREBY CERTIFY. That I DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which amployed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE 1915 (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs \_\_ 14 THE ABOVE IS TRUE TO Where was disease contracted. If not at place of death? Former or usual residence Every Item CAUSE OF 16 . REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

I EROL OF DEATH	STATE OF MARTLAND
County Tallot	CERTIFICATE OF DEATH
County	A MANA
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iliage or City Caston 224	It death occurre
liliage or City aplace 12416,	St.; Ward) a hospital or institu
$\rho$	give its NAME ins
2 FULL NAME Jane Harda	matte
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 74/- 1/4 10
WIDOWED WIDOWED	(Month) (Day (Yea
tomale Colors (Write the word)	17 I HEREBY CERTIFY, That I attended deceased
DATE OF BIRTH	lan 30th 1914 to pan
Makan 1834	
(Month) (Day (Year)	that I last saw have alive on the 302, 19
AGE If LESS tha	and that death occurred on the date stated above, at
1 day,hrs	
yrs mos or min.?	A. 'l
OCCUPATION	and goingny
(a) Trade, profession, or particular kind of work	quiral alally
(b) General nature of industry,	****
business, or establishment in	(Ouration) yrsmos
which employed (or employer)	- A
BIRTHPLACE (State or country)	Secondary Secondary
Lordieston Os	(Doration)/mos
10 NAME OF FATHER O O	
Charles adams	(Signed)
OF STATES	7478-, 1914 (Address) Cascon 72
(State or country) Compline to	*State the DISEASE CAUSINO DEATH, or, in deaths from Viol CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI
OF FATHER (State or country) Caroline Co	TAL, SUICIDAL, OF HOMICIDAL.
VEnnis Brewnorton	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
(State or country)	of death yrs mos ds. State yrs mos.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	If not at place of death?
(Informant) Assure Turbonelle	usual residence
5. 1- 5-1	
(Address) Early Sul.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Esator Sul,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2/28 ,19
5 1 4 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

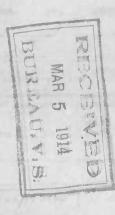
1950

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line wiil be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercules of hings, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, totanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. 'For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



No.

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—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS si CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIC important. See instructions on back of certificate.
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LACE OF DEATH STATE OF MARYLAND DEATH Registration Dist. It death occurred in a hospital or institution. give its NAME lostead ot sfreet and oumber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED, WIDDWED, Mames (Month) (Write the word) HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH 851 (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 12 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (s) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishmenf in and were which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributor Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER of death ...... yrs. ..... mos. .... ds. (State or country) State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. if not at place of death? ..... Former or usual residence. (Address) - 20 DATE OF BURIAL not Rua 15 Caroli 20UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

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nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal couditious, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



#### V. S. No. 1.

Filed Feb 2

#### AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD See instructions on back of certificate. DEATH in plain of information .B.—Every Item CAUSE OF I ż

PLACE OF DEATH 1952  County Salbot  Village or City Easton (No	STATE OF MARYLAND GERTIFICATE OF DEATH Registration Dist. No. 2 9  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single,  Married,  Wide Black (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  A PIEREBY CERTIFY, That I attended deceased from
TAGE  ORL 26  (Month) (Day (Year)  Tage    1 LESS than   1 day,hrs.	that I last saw has alive on Fr above, at 191 fm.  The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, protession, or particular kind of work	(Ouration) yrs. / mos. 6 ds.
OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF FATHER  OF STATE  OF STATE	Contributory Secondary  (Quration) yrs mos ds.  (Signed) , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER Mary Caar  13 BIRTHPLACE OF MOTHER (State or country) Talbot Country Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address) Caston Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Many wills The contract of the contract o

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measies (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



CERTIFICATE OF DEATH CUPATION IS Ilf death occorred in Ward) a hospital or Institution. RECORD give ils NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OZIOZ (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended decessed from 17 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than f day, .....hrs. OR ..... 7 8 OCCUPATION (a) Trade, profession, or NK 0 particular kind of work. (b) General nature of Industry, pe business, or establishment in (Doration) may which employed (or employer) BIRTHPLACE Contributory (Secondary) (State or country) that 10 NAME OF V FATHER 00 terms, in back 11 BIRTHPLACE ARENT OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER yrs. State or country of death \_ State :..... yrs, \_\_\_\_ mos. DEATH Where was disease contracted. If not at place of death? 10 Former or 9 Item usual residence. mportant. Every Ite 19 PLACE OF BURIAL OR REMOVAL DATE OF BURNAL (Address)..... 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

iApproved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St:....Ward) a hospital or institution. RECORD give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH statement PERMANENT S SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED, BINDING ORDIVORCED (Write the word) I HEREBY GERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) , 19iZ\_ If LESS than TAGE and that death occurred on the date stated above, at class D f day ..... hrs. shoul OR ..... min. ? properly BOCCUPATION AG (a) Trade, profession, or particular kind of work. (b) General nature of industry, supplied. pe ER< business, or establishment in may which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) certifica carefully that It mos. Œ 10 NAME OF FATHER 80 ō pe back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) should State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-50 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place In the OF MOTHER (State or country of death ..... yrs. ..... mos. ..... ds. State ..... yrs. .... mos. I of Info Where was disease contracted. 14 THE ABOVE IS TRUE TO T if not at place of death? OF item usual residence Every item CAUSE OF Important. LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAK ADDRESS B It more blanks are preded, address State Registrar, S.E. Franklin St., Betto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health
Association.]

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT Y Item of information should be carefully supplied. AGE should be stated EXACTLY, ISE OF DEATH in plain terms, so that it may be properly classified. Exact statement ortant. See instructions on back of certificate.	RECORD	PHYSICIANS should to of OCCUPATION IS
AL	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH albor Co Registration Dist. No Ilf death occurred in St.:...Ward) a hospital or Institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORGIVORGED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from . 191....., to..... 7 AGE If LESS than and that death occurred on the date stated above, at .. 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) .....yrs. \_\_\_\_mos.\_\_\_ which employed (or employer) ..... BIRTHPLACE Contributory.... Secondary (State or country) 10 NAME OF FATHER. PARENTS 11 BIRTHPLACE ., 191 ..... (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the of death ...... yrs. ..... mos. .... ds. State ..... yrs, \_\_\_\_ mos. 14 THE ABOVE Where was disease contracted. If not at place of death?.. Former or usuai residence 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked out may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Gotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion," Never report For VIO-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Co	PLACE OF DEATH 1956	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2-94	
VII	lage or City Clarbonne (No	St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
35	4 COLOR OR RACE SINGLE, MARRIEO, WIDOWEO, ORIOVORCEO (Write the word)	16 DATE OF DEATH Feb (Month) (Day (Year)	
6 D	ATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from	
-	March 10., 19/3 (Month) (Day (Year)	that I last saw h allve on Fel 6 , 1914.	
7 A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 7.3.0 m.  The CAUSE OF DEATH* was as follows:	
(a)	CCUPATION Trade, profession, or	Manusum	
particular kind of work		(Duration) yrs. mos. ds.	
	RTHPLACE (State or country) Wicompet	Gentributory Grandle ashim	
	10 NAME OF James a Rankford	(Signed) Zario H. Lett., M. D.	
M _	11 BIRTHPLACE OF FATHER (State of country) Wiconies	*State the Disease Causing Death, or, in deaths from Violent	
	12 MAIDEN NAME Referes Jours	TAL, SUICIDAL, OF HOMICIDAL,	
	13 BIRTHPLACE OF MOTHER (State or country)  Wiconic	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death?	
(Interment) Laura a Laurafind		Former or usual residence	
(Address) Colar Vous Med		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed Flb 7, 1914 From S. Lowe Tresulth Local REGISTRAR		20 UNDERTAKER ADDRESS	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V S No. 1			

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; ness of various pursuits can be known. The question cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons -Precise statement of occupa-If the occupation has -Coal

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the The contributory tetanus) may be stated under the head of Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion," Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NAR & ING

Flied.

N. B.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

*FULL NAME anna Ru &	[If death occurred is a hospital or institution, give its NAME inslead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE  SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)  E OF BIRTH  (Math)  (Day  (Year)  If LESS than 1 day,hrs. ORmin.?	16 DATE OF DEATH  (Month) (Day (Year)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from  191 to 191  that I last saw h alive on 191  and that daath occurred on the date atated above, at 2  The CAUSE OF DEATH* was as follows:
upation ade, profession, or aide, profession, or ai	(Ouration) yrs mos / 2 ds.  Contributory Secondary  (Duration) yrs mos ds.  (Signed) J. J. J. 19100 (Address) & J. J. 19100 (A
ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  OFMANT OF MARKET OF THE BEST OF MY KNOWLEDGE  OFMANT OF MARKET OF MY KNOWLEDGE  OFMANT OF MARKET OF MY KNOWLEDGE	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death?  Former or usual residence.
Address) Fernanteum md  71-5-,1914 JB Fairbank REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Los formarille 2,5- ,181. 4 29 AND RETAKER  ADDRESS  LOS MARIAN  LOS MA
It more blanks are needed, address State Regis	trar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaenant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT cia Supplie UNFADING jo WITH back Instructions plai 2 DEATH jo HO Item mportant. Every It ż

BOCCUPATION (a) Trade, protession, or

9 BIRTHPLACE

PARENTS

16

particular kind of work (b) General nature of Industry.

business, or establishment in

(State or country

11 BIRTHPLACE OF FATHER (State or country)

13 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

OF MOTHER (State or country)

10 NAME OF FATHER

which employed (or employer) .....

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No .fif death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED. WIDDWED. ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day, .....hrs.

Contributory. Secondary \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place In the of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State \_\_\_\_\_ yrs. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (6)

Statement of cause of death—Name, first, the misrase causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT NEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," cte.), "Dropsy," "Exhaustion," (Recommendatious on statement of The nature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1914 BUREAU. V.S.

V. S. No. 1.

16

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT stated EXACTLY. properly classified. PLAINLY, WITH UNFADING INK-THIS AGE carefully supplied. may be See instructions on back of certificate. information should be DEATH in plain terms. WRITE jo CAUSE OF Important. S m. ż

Village or City Easter (No. 2. FULL NAME Samuel Productions)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 29  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Peacle Color of Race Single, MARRIED, MIDOWED, MIDOWED (Write the word)  6 DATE OF BIRTH  Market Married (Write the word)  1 1889	16 DATE OF DEATH  (Month) (Day (Year)  17  I HEREBY CERTIFY, That I sttended deceased from 191  that I last saw h slive on F-4  191  191
7 AGE (Month) (Day (Year)  1 LESS than 1 day,	and that desth occurred on the date stated above, at 4,30 fc m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in Soler af Slore which employed (or employer)	Culmonay Tuberculous  (Duration) bould mos. ds.  Contributory
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Clearles 38. Inciliar  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 THE ABOVE IS TRUETO THE BEST OF MY KNOWLEDGE  (Informant)  14 THE ABOVE IS TRUETO THE BEST OF MY KNOWLEDGE	(Signed)
(Address) Eraxlow Hed,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

al REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, pertionaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rallway, train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustlon," Never report



4.

PERMANENT V UNFADING INK-THIS IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH

	CE OF DEATH	The state of the s
	ty Easton	,
	L NAME Her	
male	4 COLOR OR RACE	MA WI OR (W)
DATE OF BIRT	гн	
	(Month)	704040 <del>0</del> 771
AGE		
******	3 7 yrs.	mos
	n, or Finisher	

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.290

٧	illage or City Gaslon (No	St.; Ward) [If death occurred to a hospital or Institution,
	* FULL NAME Henry Mason On	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIEO.  Marrieo.  Mooweo,  Wooden  (Write the word)	16 DATE OF DEATH Feb 2 , 191 4 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH  HAD 10, 18.7.7.  (Month) (Day) (Year)	Tel // 191 // to Tel // 191 // that I last saw h is alive on 2/// 191 //
7 A	3 7 yrs. mos. ds. OR min. ?	and that death occurred on the date stated above, at 11 Pm. The CAUSE OF DEATH * was as follows:
(a) par (b) bus	OCCUPATION  Prade, profession, or Finisher on furnition  General neture of industry,  Iness, or establishment in  the employed (or employer)	(Duration) yrs mos ds
9 8	IRTHPLACE tate or country) and	(Secondary)  (Secondary)  (Secondary)
TS	10 NAME OF FATHER Thas Price	(Signed) (Deration) yrs mos ds.  (Signed) Ames Andrews, M. D.
AREN	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)  Md	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place of death yrs mos ds.
	(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
15 File	(Address) La Starbank ad Fel 12", 1914 J. B. Fairbank Loral REGISTRAN	19 PLACE OF BURIAL OR REMOVAL  LEASTON MA  20 UNDERTAKER  Frampton man Pasey Easton Md
	If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as sbould be taken to report specifically the occupations gainfully employed, as At school or, At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Putereral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

N. B.-Every

VIIIage or City Early 2001  2FULL NAME Exact Rash	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 20  St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Color or RACE Single, MARRIED, MIDDWED, WIDDWED, WIDDWED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from		
	that I last saw h		
**SOCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  **BIRTHPLACE* (State or country)	The CAUSE OF DEATH* was as follows:  Mas Called Entry the Morning and  frank that he had pure the dead  mas cong when sunt fon; thenk it was  Cantributory Old age  Secondary		
10 NAME OF FATHER AMERICAN STATE (State or country) Services 12 MAIDEN NAME	(Signed)		
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Informant)	16 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds, State yrs, mos, ds  Where was disease contracted, If not at place of death?  Former or usual residence.		
(Address) Esolon Md  Filed Flb-23", 1914 J B Fanbank	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 20 NOBRITAKER ADDRESS		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tctanus) injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Mcastes (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from may be stated under the head "Dropsy," "Exhaustion,"



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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 290 Ilf death occurred la ....Ward) a hospifal or Institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH alive on (Month (Day (Year) 7 AGE If LESS than and that death occurred on the data stated above, at 1 day .....hrs. OR ..... 7 ..mos ... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duraflon) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_\_ ds Where was disease confracted. 14 THE ABOVE IS TRUE TO THE If not af place of death?usual residence. 19 PLACE OF BURIAL OR DATE OF BURIAL 15

(Year)

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

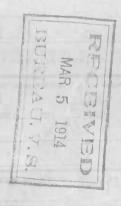
20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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N.B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD CAUSE OF Important. S

f information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very is instructions on back of certificate.
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I information should be carefully s EATH in plain terms, so that it n is instructions on back of certificate
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' PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 291

-Ward)

[It death occurred la a hospital or lostitution, give its NAME instead of street and comber.]

FULL NAME MIMMANN / LI	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White (Write the word)	16 DATE OF DEATH Feb 22, 1914 (Month) (Day (Year)
May 19th, 1856 (Month) (Day (Year)	The I hereby Certify, That I stended decessed from the stended decesse
7 AGE   It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	Cardiae failure
business, or establishment in which employed (or employer)	Contributory Cloritie Oleworis Secondary  Contributory (Person)
of Father 11 BIRTHPLACE OF FATHER 11 + 1000	(Signed) Statolis M. D. Feb 23, 191 4 (Address) S. Michaels,
OF FATHER (State or country) tate of maryland  Part of Mother allie Boyd.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) State of Maniford  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?
(Interment) author (3/ Cicketts) (Address) St Michaels Md.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF THE PLACE OF THE
Filed Flob 95, 1914 John Howales REGISTRAN	20 process Startes Startes 1944
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	1964	4
Village or City Coppers		1
FULL NAME		Shall
PERSONAL AND STATISTICA		

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

St.; Ward)

[If death occurred le a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	4 COLOR OR RACE  Single,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word)	16 DATE OF DEATH  (Mouth) (Day (Year)
DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Month (Day (Year)	that I last saw har alive on Trov 3rd 1913
AG		
	3 8 yrs mos ds. 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 3
(1)	CUPATION Trade, profession, or licular kind of work.	of years, and when I sow her her
busi	Generat nature of industry, ness, or establishment in the employed (or employer)	Statement as (Duration) security is mos ds.
BI	RTHPLACE (State or country)	Gontributory Lexistal asillaria
TS	10 NAME OF FATHER HARRISON Probable  11 BIRTHPLACE	(Signed) (Signed) (Address) Costoy Lee,
AREN	OF FATHER (State or country) Laffit Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
d	13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place in the of death yrs mes ds. State yrs mes ds
	Informant)	Where was disease contracted, If not at place of death?  Former or Usual residence
15	(Address) Easter Sud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	1914 To Jan Jan Joseph To SCREGISTRAR	DORPHSVILLE ADDRESS  EMES a. Nover Esolour Ind.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehaethenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1914 BURLYNS.

V. S. No. 1.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH County Tall	1965	6.0
Village or City Zean	Easto	14

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 29

....St.;.....Ward)

[If death occurred in a hospital or institution,

FULL NAME Mobile & Robe	of streat and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
OATE OF BIRTH  (Month)  (Day  (Year)	that I last saw have alive on Let 13 1914.
7 AGE If LESS than 1 day,hrs.  19 yrs 10 mos 20 ds 0 min.?	and that desth occurred on the date stated above, st
8 OCCUPATION  (a) Trada, profession, or particular kind of work  (b) General nature of industry,	bursters apoplary
businass, or establishment in which ampioyed (or ampioyer)  BIRTHPLACE (State or country)	Contributory Servicity Secondary  (Duration) - yrs - mos 2 ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Si
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In tha of death yrs mos ds Where was disaasa contracted,
(informant) Julia a Mobilison	If not at place of death?————————————————————————————————————
Filed Felt /7", 1914 B. Face Call Registran	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS
	trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. Fit death occurred in -Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE. MARRIED, WIDDWED. (Month) ORDIVORCED (Day (Year) HEREBY CERTIFY, That I sttended deceased from DATE OF BIRTH (Day (Month (Year) TAGE If LESS than and that death occurred on the date stated above, at 10 , Q, m f day, hrs. DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (h) General nature of Industry. business, or establishment in which employed (or employer) Contributo BIRTHPLACE Secondo (State or country) 10 NAME OF FATHER 11 BIRTHPLACE . 191 4 (Address) PARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs, \_\_\_ mos, \_ Where was disease contracted. if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are meded address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. Ter 11.6. Swarts

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write Nonc. been ehanged or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death respect to time and eausation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measics; Whooping cough; Chronic cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal scotichaccause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." The eontributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in ...Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, WIDDWED / Ands (Month) (Day ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day hrs. The CAUSE OF DEAT OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... State or country) Contributory Secondary 10 NAME OF FATHER (Signed) BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos, \_\_\_ State \_\_\_\_\_ yrs. \_\_\_ mos. \_ \_ ds. Where was disease contracted. If not at place of death? ... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 26 ON DERTAKER ADDRESS AL REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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thenia," "Anaemia" (merely symptomatic), "Atrophy," sepsis, tetanus)
"Contributory." mia," "Puerperal peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1914
BUREAU, V.S.

V. S. No. 1.

N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certilicate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1/	
	1 PLACE OF DEATH 1968	STATE OF MARYLAND
96	unty	CERTIFICATE OF DEATH
	de la	Registration Dist, No. 244
Vil	llage or City Offord (No, _	St.; Ward)  [If death occurred in a hospital or lostitution, give its NAME instead
	FULL NAME Margaret ann S	levens of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	emale of the single, Married, Widowal (Write the word)	10 DATE OF DEATH J. 26 , 191 4 (Year)
6 D	ATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
	Month (Month) (Day (Year)	that I last sew h 2 allve on 3 1. 25 1914
TA		and that death occurred on the date stated above, at 60. m.
-		The CAUSE OF DEATH* was as follows:
(e	OCCUPATION ) Trade, profession, or  The state of the stat	Infuntie the to age-
(b)	rticular kind of work	
Wh	siness, or establishment in ich employed (or employer)	(Duration) 6 yrs 0 mos 0 ds.
9 B	(State or country) Manyland	Gontributory
٠	10 NAME OF STATHER ST. 10. CO.	(Signed) (Doration) yrs mos ds.
S	11 BIRTHPLACE	0 // 5.
ARENT	OF FATHER (State or country) Maryland,	The state of the s
PAR	of MOTHER Elizabeth Brommill	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
,	13 BIRTHPLACE OF MOTHER (State or country)  Mary land	At place 10 the of deathyrsmosds
	(Informant) E. T. Parsons	Where wes disease contracted, if not at place of death?  Former or
	(Injuració)	usual residence
15	(Address). Oxford, Mary lans	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	19 Jehr 28 194 Ja Michels	20 UNDERTAKER ADDRESS
	If more planks are needed address State Porter	M. V New ram Para Unara
,	de decided, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health Association.]

eated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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MAR 5 1914 BUREAU. V.S.

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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT properly UNFADING lddns may certificate. that 80 ō back terms. should 0 piain Instructions = DEATH 0 OF Item Every item CAUSE OF Important.

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO

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OF MOTHER

state Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred la ...Ward) a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, Jan (Month (Day (Year) ORDIVORCED CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at \$30 pm. 1 day,.....hrs. The GAUSE OF DEATH\* was as followa: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General neture of Industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR I	OSPITALS, INS	TITUTIONS	TRANSIENT
At place	In the		
of death yrs mos ds.	Stete	yrs,	mos.
Where was disease contracted,			

If not at piece of death? Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

30 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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STATE	OF	MARY	LAND
CERTIFIC	AT	E OF	DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

FULL NAME No num	ot street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)			
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I sttended deceased from			
Hear ya Hoy	that I last aaw haliye on			
(Month) (Day (Year)'				
yrs	and that death occurred on the date stated above, at			
a) CCUPATION (a) Trade, profession, or particular kind of work	Stellon			
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.			
*BIRTHPLACE (State or country) Easton Mel	Contributory Secondary			
10 NAME OF FATHER James a. Blivest Ja.	(Signed) (Ouration) yrs mos Ms.			
Z OFFATHER (State or country) Easton Mich	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) Lorento, Canada	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTA, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds			
(Interment) The Best of My KNOWLEDGE (Interment)	Where was disease contracted, If not at place of death?  Former or Brual residence.			
(Address) Claston ma - U	19 PRACE OF BURIAL OR REMOVAL DATE OF BURIAL 1914			
Filed February 1914 JB Fairbank	OUNDERTAKER ADDRESS			
If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto Requesting V S. N.				

1970

1 PLACE OF DEATH

County Vallot-

to, Requesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

Village or City Zear Union Rolle,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.290  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from (1914), to Late 2 7, 1914.
(Month) (Day (Year)	that I last asw he silve on or about Feb / 1944
(Month) (Day (Year)  7 AGE    If LESS than   1 day,hrs.   0 ormin. ?	and that desth occurred on the date atsted shove, at 4/50 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	hephrites (Chronic)  (Ouration) yrs. 6 mos. ds.
9 BIRTHPLACE (State or country)	Secondary (Barrier)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) / Cartino yrs mes ds.  (Address) / Cartino yrs mes ds.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTA, OR RECENT RESIDENTA)  Af place In the of death yrs mos ds.  Where was disease contracted, If not at place of death?
(Informant) (Address) Eastern Said	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  And  1914
Filed Man 1917 2 2 Thirt and REGISTRAR  If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenelamia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaegenital," thenia," "Anaemia" (merely symptomatie), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by carbolic acid-probably suicide. Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," The nature of the Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1914 BURBAU, V.S. BINDING 20 ERVED ESI MARGIN

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PHYSICIANS should OCCUPATION RECORD jo statement PERMANENT pino THIS INK supplied. UNFADING may certifical = 9 0 WITH terms, n back 00 plain Instructions = WRITE ō ā Item OF mportant. Every It

state Very

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3 SEX

TAGE

ARENT

15

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

perticular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

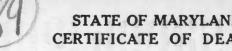
OF FATHER

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

PLACE OF DEATH  County Talbat 1972	(189)
Village or City Poyal Oak (No	



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 29 Ilf death occorred la -Ward) a hospital or institution. give its NAME lesfeed of streef and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Write the word) (Year) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) If LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... ? dead Web! (b) General nature of industry, failure. business, or establishment in which employed (or employer) -----Contributory. Secondary (Doration) ., 191 ..... (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the OF MOTHER (State or country) of death \_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ ds. State Where was disease contracted. If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRA

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid Ineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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	PLACE OF DEATH	STATE OF MA	
C	ounty Salt of	CERTIFICATE C	F DEATH
/	Sally	Registration Di	st. No. 244
VI	liage or City Offen Med (No. 2	Laman St; Ward	[If death occurred is a hospital or institution, give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, 40	16 DATE OF DEATH	27 th. 1914
2	rale ledones. (Write the word)	(Month)	(Day (Year)
8 5	PATE OF BIRTH	17 I HEREBY CERTIFY, That	I sttended decessed from
	2/ 11 000	5 1 to 11-	Jo. 25, 191 4
	(Month) (Day (Year)	that I last saw h han slive on	J- 21-11 1914
7 A	GE If LESS than	and that death occurred on the date state	0
	t day,hrs.	The CAUSE OF DEATH* was as follows:	1 80046, 8 Consultrafinite Salada, Sorta M
-	yrs mos or min.?	The street of partition was as follows.	
	OCCUPATION  1) Trade, profession, or	Severenlossi o o	Limes!
pa	articular kind of work. At Mess	The second secon	
(b	) General nature of Industry, siness, or establishment in		A.
w	olich employed (or employer)	Ouration)	yrs mos ds
9 8	IRTHPLACE (State or country)	Contributory	
_	Offerd Salbot Co-	(Duration)	Vre mae de
	10 NAME OF FATHER	1 20	Us
10	mount freshing	(Signed) M. Toco	, M, D
T	11 BIRTHPLACE OF FATHER	304. 77 , 191 4. (Address)	ma mil.
11 BIRTHPLACE OF FATHER (State or country) formusable. Ind.  12 Mainten P		*State the DISEASE CAUSING DEATH, OF CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.	, In deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER P		
ш,	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	, INSTITUTIONS, TRANSIENTS
	OF MOTHER (State or country)	At place In the	
14 .	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State _ Where was disease contracted,	yrs, mos de
	7/-11. I / B 11.1	If not at place of death?	10000000000000000000000000000000000000
	(Interment) Littleam Junpon (Inthily	Former or usual residence	
	(Address) of the man.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	( NUU UUU )	alfard Mark	mas
gu	led Vel. 18 1914 It Ducholo	20 UNDERTAKER	ADDRESS
Li	Alehail Local REGISTRAR	M. E. Newson Str.	Oddard Dr.
		- V C - CO V CULVI / NE	VITTON IU

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MAR 5 1914
BUREAU. V.S.

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#### PHYSICIANS should of OCCUPATION IS RECORD properly be may certificate. back terma. Instructiona plal ڃ of inform DEATH See instr WRITE OF Every Item CAUSE OF Important.

Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [if death occurred la .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED CC WIDOWED, (Month) (Day (Year) (Write the word) HEREBY CERTIFY, That I 1832 (Month) (Day (Year) TAGE if LESS than and that death occurred on the data stated above, at 745-Pm. 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of industry. business, or establishment in which amplayed (or employar) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER BIRTHPLACE PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA. OR RECENT RESIDENTA 13 BIRTHPLACE At place In the OF MOTHER (State or country) State ..... yrs. .... mos. ... .... yrs. ..... mos. ... \_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO it not at place of death? usuai residence DATE OF BURIAL 15 may. 29 UNDERTAKER ADDRESS

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